Will fighting off death bankrupt us?

There have been many great advances in the last 100 years, but those in medicine may have improved our lives the most; we now live longer than ever. This is great, but with this increased lifespan come more diseases, and we live with them for longer. So, how do we keep paying for all of this?

Healthcare concerns: shared across the globe

What are the biggest healthcare concerns today? In 2009, leading causes of mortality were: high blood pressure, tobacco use, high blood glucose, physical inactivity, and being overweight/obese. These risks increase the chance of developing chronic conditions such as heart disease, diabetes, and certain kinds of cancer and affect people of low, middle and high-income countries.

Disability-adjusted life year (DALY), is a measure of the overall disease burden. It is the number of years lost due to ill-health, disability, or early death. This measure allows the comparison of overall health and the life expectancy of different countries. Leading global risks for the burden of disease in DALYs are: being underweight, unsafe sex, alcohol use, unsafe water/sanitation/hygiene, high blood pressure, and tobacco use. Some of these are of major concern for people in low-income countries, such as being underweight and poor hygiene, whereas in high-income countries, comparably few are affected by this. Health risks change as populations change, so when a country rises up from poverty, malnutrition and unsafe water will pose less of a problem. However, diseases caused or aggravated by being overweight/obese, using tobacco, and having a sedentary lifestyle (termed 'modern risks') will then become more prevalent.

Healthcare spending is increasing

Global health expenditure (as a percentage of GDP) has gone up from 8.5% in 1995, to almost 10% in 2014; with North America and countries in North-West Europe spending the most. Globally, healthcare spending is projected to increase, with North America spending the most (in a projection up to 2020). Total public health and long-term care spending in OECD countries is expected to keep rising and in 2060, may surpass 15% of GDP for several of these countries. This is in part due to demographic changes, such as the ageing of populations, because as people grow older they require more (costly) health care. In the UK, total public spending is expected to increase as well, mainly due to the ageing population.

Because in the UK, healthcare costs are paid for through taxes, we must have a discussion on what treatments should be paid for by the NHS, especially in the case of very expensive (sometimes experimental) treatments, and especially in the case of older patients. After all, money can be spent only once and is it morally justified to spend £100K on cancer treatments to potentially increase the lifespan of a 78-year-old

patient by one year, when this means that money can't be spent on other patients who might benefit more and longer from their treatment? These are difficult issues, but they must be addressed: just because a treatment is technically possible, this doesn't always mean it is justified to use community money for it.

How can we reduce healthcare costs ourselves?

We can reduce healthcare costs by being healthier. Several of the leading risks for mortality are related to diet and lifestyle, such as high blood pressure, high blood glucose, tobacco use, being overweight/obese and physical inactivity as well as other, more general factors that fall under the header of 'lifestyle' too. Lifestyle behaviours (including body mass index and smoking) were found to be predictive of life satisfaction, depression, anxiety, and stress. This supports the notion that lifestyle choices affect your mental health as well as physical health. You don't need to be a brain surgeon to know that poor sleep, being overweight, eating poorly, and excessive drinking are bad for you. So, considering that across the globe we are facing higher healthcare spending, and that many diseases are related to diet and lifestyle, isn't it time we take charge and care for ourselves better?

When aiming to improve health, one of the most obvious culprits to address is tobacco consumption. Many are aware of the negative consequences and manage to quit on their own, but others struggle to kick the habit. Perhaps charging smokers more for healthcare insurance, or refusing non-urgent health services to smokers, can be enough motivation for some to finally quit. However, when smokers are penalised with regards to the treatment they receive, this has implications for others engaging in unhealthy/dangerous lifestyles and behaviours (excessive drinking or extreme sports, for instance).

Diet is one of the key factors in health and should therefore receive a lot of our attention. Cutting out animal products has shown beneficial effects on health, as has cutting out soda, limiting alcohol consumption, increasing intake of fruit and vegetables, and consumption of nuts. Obesity is caused by overconsumption and for most people suffering from it, improving the situation should be straightforward: eat less! We all know this but many people struggle to obtain and retain a healthy size. We should therefore get to the root of the problem for people who don't manage to lose weight, such as the so-called 'emotional eaters'. If they understand their behaviours, they will be empowered to make a change for the better.

In addition to diet, our sedentary life style also needs a kick up the behind. Many of us have office jobs meaning we might be limited in options for movement throughout much of the day. However, taking small breaks to stretch or walk, might already help. Why not take the stairs as opposed to the elevator? If you've got time, walk to your friend across town instead of taking the car. A good coat and an umbrella don't have to cost much, and make for a more pleasant outing in UK weather!

Live better to age better!

We can't control everything in life, especially not if and when we fall victim to tragic accidents. However, we can control many aspects of our health by making changes to

our diet and lifestyle. This will not only benefit individuals who would subsequently feel better, be healthier, and look better, but it will also benefit the public purse. In addition, we will likely see a reduction in disability and days off work due to illness too.

Change is not easy, especially when the potential consequences of an unhealthy diet and lifestyle might not manifest themselves until years, or even decades, from now. However, we owe it to ourselves, our loved ones, and the taxpayers footing our healthcare bills, to care more, so we age well!